



SECTION B: BUSINESS APPLICATION for a SOLE PROPRIETORSHIP
QUALIFIER INFORMATION (To be completed by the Qualifying Agent)

Trade and Category (Refer to category list)

1.

Name of Qualifying Agent

Social Security No.

Home Address

City

State

Zip Code

Home Telephone No.

Driver's License No.

Height _____ Weight _____ Color of Hair _____

Date of Birth _____ Place of Birth (City and State) _____

Business Name _____ Position _____

Business Address

City

State

Zip Code

Business Telephone No.

Business Fax No.

Email Address

2.

Have you, the Qualifying Agent, been convicted of a felony in the State of Florida or elsewhere in the past five years or are currently facing felony charges? NO ☐ YES ☐ If YES, state where and nature of offense. If applicable, provide name of court and case number.

3.

Were you ever refused a contractor's license? NO ☐ YES ☐

What type of license? _____ When? _____

Where? _____ Written Exam? NO ☐ YES ☐

Why were you refused? _____

4.

a. Do you currently hold a certificate issued by any Florida State Board? NO ☐ YES ☐

If YES, provide Certificate No. _____ and the name of the business entity you qualify (or indicate "Inactive", if appropriate).

b. Are you qualifying a business entity in this or some other county within the State of Florida?

NO ☐ YES ☐ If YES, in what county? _____

In what trade? _____ Provide name of business entity _____

_____ If applicable, provide state registration No. _____

5. Have you, the Qualifying Agent ever had a certificate of competency (business certificate) suspended or revoked by the State of Florida Construction Industry Licensing Board or other state licensing authority or the licensing authority of another municipality or county whether located in the State of Florida or another State? NO ☐ YES ☐ If YES, please explain.

6. List all businesses owned, operated or managed by you at the present time, and all businesses in which you have had an active part in Florida or elsewhere during the last five years with addresses.

7. Have you ever failed in business? NO ☐ YES ☐ If YES, please explain.

8. REFERENCES. List four references which can provide information as to your competency and financial responsibility. An employer, an architect or engineer, a supply house and a financial institution are suggested.

	NAME	ADDRESS	PHONE
1.			
2.			
3.			
4.			

9. Have you as an individual, or as an officer or director of a corporation or member of a business entity committed an act within the past three years which if committed or done by a licensed contractor would be grounds for suspension or revocation of such contractor's license? NO ☐ YES ☐ If YES, please explain.

10. Have you as an individual, or as an officer or director of a corporation, or member of a business entity ever benefited from or caused injury to another as the result of an act within the past three years involving dishonesty, negligence, fraud, deceit or lack of integrity? NO ☐ YES ☐ If YES, please explain.

The following are *definitions* needed in order to answer the next set of questions.

(i) If a sole proprietorship, the qualifying agent; or owner

(ii) For purpose of this rule, "responsible person" includes a qualifying agent, any partner, joint venture partner, corporate officer, corporate director, trustee and stockholder controlling 25% or more in a corporation.

11. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract work undertaken by any person named in (i) above or any organization in which such person was a responsible person as defined in (ii) above? NO YES
12. Are there now any liens, suits or judgments of record or pending against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above, as a result of the construction operations of such person or organization? NO YES
13. Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above? NO YES
14. Has any person named in (i) above or has any organization in which any such person was a responsible person as defined in (ii) above ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness? NO YES
15. Has any person named in (i) above or has any business entity in which any person was a member been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state, has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county or municipality? NO YES
16. Has any person in (i) above or has any business entity in which such person was a responsible person as defined in (ii) above ever been convicted of a felony within the past five years in this state or elsewhere?
NO YES

I certify that I will act for the sole proprietorship I am qualifying, in all matters concerning the contracting business, and will actively supervise all construction work and be responsible for ascertaining that all such work is completed according to approved plans, applicable codes and good construction standards. I will immediately notify the Construction Trades Qualifying Board (CTQB) if I sever connections with the business entity. I am aware that I must finalize my paperwork within 180 days from the date of CTQB approval and if I fail to do so my application will be null and void and I will be required to pay the full fee to refile. I am also aware that the fee for this application is non-refundable.

X _____
Signature of Qualifying Agent

Print Name of Qualifying Agent

I, the Sole Proprietor, do hereby certify that _____ is the qualifying agent for the Sole Proprietorship, and he shall have the authority to act for the Sole Proprietorship, in all matters connected with the contracting business; to supervise the construction and installation under the certificate of competency and occupational license issued to the Sole Proprietorship.

I further certify that I will notify the Board immediately if _____, the qualifying agent, shall sever connections with the Sole Proprietorship.

X _____
Signature of Sole Proprietor

Print Name of Sole Proprietor

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____ 20_____.

My Commission Expires _____

NOTARY PUBLIC